

PERMIT APPLICATION FOR MUNICIPALITIES OF DADE COUNTY (NORTH MIAMI)

Date _____ Job Address _____ Tax Folio _____
Legal Description _____ Master Permit # _____
Owner _____ Tenant _____
Owner's Address _____ Day-Time Phone _____
Contracting Co. _____ Address _____
Qualifier _____ Phone _____
State # _____ Competency # _____ Ins. Co. _____
Architect/Engineer _____ Address _____
Bonding Company _____ Address _____
Mortgagor _____ Address _____

Permit Type: ROOFING BUILDING ELECTRICAL PLUMBING MECHANICAL PAVING
 FENCE SIGN DOCK PAINT SHED POOL

Application is hereby made for a permit to do work & installation as indicated. I understand that separate permits are required for Electrical, Plumbing, Signs, Pools, Roofing, & Mechanical work.

WORK DESCRIPTION: Circle One of the following: COMMERCIAL RESIDENTIAL

Square Ft. _____ Estimated Cost _____

WARNING TO OWNER: YOU MUST RECORD A **NOTICE OF COMMENCEMENT** AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THE NOTICE. **A BACKFLOW PREVENTION DEVICE PERMIT AND CERTIFICATION TEST** MAY BE REQUIRED IN ACCORDANCE WITH ORDINANCE #825. CALL THE PUBLIC WORKS DEPT. AT (305) 787-1001 OR VISIT THEIR OFFICE AT 1815 NE 150 ST.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate, and that all work will be done in compliance with all applicable laws regulating construction and zoning. Furthermore, I authorize the above-named contractor to do the work stated.

Signature of Property Owner or Condo President

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Onwer/Condo President

(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____

FEE _____ Zoning _____ Building _____ Electrical _____

_____ Mechanical _____ Plumbing _____ Engineering _____

Signature of Contractor

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Contractor

(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.